P1700043605

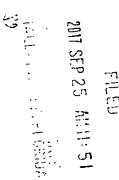
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C. GOLDEN SEP 2 6 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NATURAL UNIK	. NAILS INC					
DOCUMENT NUMB	ER: P17000042605						
	of Amendment and fee are st	bmitted for filing.					
Please return all corres	pondence concerning this ma	tter to the following:					
	GISELE PEAN						
-		Name of Contact Persor	1				
	UNIK NATURAL NAILS INC						
•		Firm/ Company					
	1581 SW 87TH WAY						
-		Address					
	PEMBROKE PINES, FL 33	025					
		City/ State and Zip Cod	e				
	de l'il 27/r committe com						
	th 123@gmail.com	sed for future annual report	notification)				
	n-man address. (to be d	sed for fathic annual report	notification)				
For further information	concerning this matter, plea	se call:					
Gisele Pean		954 at (435-0002				
Name o	f Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Amenc Divisio Clifton 2661 F	Address fment Section on of Corporations (Building Executive Center Circle assec, FL 32301				

Articles of Amendment to Articles of Incorporation of

FILED

2017 SEP 25 AH 11: 51

NATURAL UNIK NAILS INC	
(Name of Corpor	ration as currently filed with the Florida Dept. of State) [1, 4, 1, 1, 1, 1, 1, 1]
P17000042605	19
(Do	cument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation;	orida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	e corporation:
UNIK NATURAL NAIES INC	The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword" chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbreviation or "lnc," or "Co". A projessional corporation name must contain the
B. <u>Enter new principal office address,</u> if applica Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
D. If amending the registered agent and/or reginew registered agent and/or the new register	istered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Standard Superior Sup	(City) (Zip Code)
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered ager	Registered Agent: nt. I am familiar with and accept the obligations of the position.
	Signature of New Paristered Japan, it changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets) if necessary)

Please note the officer director title by the first letter of the office title:

P = President, V = Vice President, T = Treasurer, S = Secretary; D = Director, TR = Trustee, C + Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer, If on officer director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner: Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Do	<u>c</u>				
X Remove	<u>V</u>	Mike Jo	<u>nes</u>				
X Add	<u>8V</u>	Sally Sn	<u>iith</u>				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	
1) Change		<u></u>		 			
Add							
Remove							
2) Change		_		 		***	
Add							
Remove							
3) Change		_					
Add							
Remove							
41 Change				 			
Add							
Remove							
51 Change		_					
Add							
Remove							
6) Change		<u> </u>					.
Add							
Remove							

E. <u>If amending or</u>	adding additional Articl	es, enter change(s) here:		
(Attach addition	al sheets, if necessary)	(Be specific)			
· · · · · · · · · · · · · · · · · · ·					
				• • • • • • • • • • • • • • • • • • • •	
					
		1			
		<u>.</u>			
			••		
	nt provides for an excha implementing the amend				<u>s.</u>
(if not app	licable, indicate NA)			· · · · · · · · · · · · · · · · · · ·	
 -					
				-	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
ancent one it apprease.	(no more them 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this darpartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment efficient for approval.	8)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	em
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 9. Signature 4	12 . 17 Local Companies of the control of the cont	
selecte	rector, president or other officer of directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	GISELE PEAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	